

**FILED FEB 5 1945**

Registration District No. **187**

Primary Registration District No. **5678**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Lincoln**  
(b) City or town **Rural Waverly Twp**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **1**  
In this community **1** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **KERZA WITTER GILLUM**  
3. (b) If veteran, name war **X**  
3. (c) Social Security No. **non**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Minnie L. Gillum**  
6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **June 29<sup>th</sup> 1884**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **5** If less than one day hr. min.

9. Birthplace **Pike Co. MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER

12. Name **Wm Wesley Gillum**

13. Birthplace **Pike Co. MO.**  
(City, town, or county) (State or foreign country)

14. Maiden name **June Witter**

15. Birthplace **Pike Co. MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. K. W. Gillum**

(b) Address **Eolia, Mo. Rt #1**

17. (a) **Burial** (b) Date thereof **Jan. 6 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisville, Mo.**

18. (a) Signature of funeral director **Wm B. Bensch**

(b) Address **Bowling Green, Mo.**

19. (a) **Jan 5 1945** (b) **J. B. Williams**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Pike**  
(c) City or town **Rural Eolia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan**, day **4th**, year **45**, hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept. 9th 1944** to **Jan. 4th 1945**, that I last saw him alive on **Jan. 4th 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the prostate.**

Due to **1 1/2**  
Due to **5 1/2**

Other conditions. **---**  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of the prostate.**  
Of operations **---**  
Of autopsy **---**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **---**

(b) Date of occurrence **---**

(c) Where did injury occur? **---**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? (e) Means of injury **---**

23. Signature **James B. Biggs** (M. D. or other) **M. D.**  
Address **Bowling Green, Mo.** Date signed **1/6/45**

MAR 7 1947

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 2-3-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Grace Danforth Head*

Licensed Embalmer No. 2204

P. O. Address Bowling Green, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.